

PUBLIC HEALTH REPORT

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Lapses of Consciousness Are Reportable

ARE YOU, AS A physician, a contributor to highway accidents? Certain kinds of medical conditions are a major factor and it is the physician's responsibility for reporting patients with such conditions to the Department of Motor Vehicles, although this has long been a subject of controversy and confusion. Recent studies by the Department of Public Health show that drivers with conditions such as epilepsy, diabetes, cardiovascular disease, alcoholism, and mental illness have about twice as many crashes per unit of driving exposure as do healthy drivers of similar age,^{1,2} and that problem drinking and alcoholism are involved in about a third of all highway fatalities.^{3,4}

The primary responsibility for reporting of potentially hazardous medical conditions to the Department of Motor Vehicles rests with the driver himself. He must indicate if such conditions are present each time he applies for or renews a driver license. In addition, since 1939, state law has required reporting by physicians of patients with epilepsy or similar conditions. The physician reports the patient to his local health department, which in turn reports through the State Department of Public Health to the Department of Motor Vehicles. The fact that the physician has been the source of reporting is kept from the patient. Neglecting to report can result in successful suit against the physician, as demonstrated by a recent case in New Jersey where a patient with epilepsy who was not reported crashed during a seizure.

In 1966, following a change in the state law, the state regulations were modified to read as follows:

"2572. Disorders Characterized by Lapses of Consciousness. As required in Section 410 of the Health and Safety Code, the definition as to what shall constitute a reportable case of a disorder characterized by lapses of consciousness shall be as follows:

" 'Any person aged 14 years or older who during the preceding three years, has experienced on one or more occasions, either a lapse of consciousness

or an episode of marked confusion, caused by any conditions which may bring about recurrent lapses, including momentary lapses of consciousness or episodes of marked confusion, shall be considered to have a disorder characterized by lapses of consciousness and shall be reportable.

" 'This definition includes, but is not limited to persons subject to lapses of consciousness or episodes of marked confusion resulting from neurological disorders, senility, diabetes mellitus, cardiovascular disease, alcoholism or excessive use of alcohol sufficient to bring about blackouts (retrograde amnesia for their activities while drinking).' "

The physician who follows the law — and his own conscience — will be contributing materially to the safety of life and limb of us all, in helping to identify drivers with chronic medical conditions.

The important changes in this law and these regulations are:

1. The reporting law no longer is limited to epilepsy but includes many conditions, and especially problem drinking, which may be hazardous to driving.

2. Only persons age 14 or over are reportable.

3. Reporting is required only of persons with recent episodes of altered consciousness which are likely to be recurrent.

When a new report is received by the Department of Motor Vehicles the patient is interviewed by a driver improvement analyst and further information is obtained from the physician only after a written release has been obtained from the patient. Licenses are revoked initially for fewer than half the drivers interviewed, and many of these have their licenses returned after their conditions improve. For more difficult cases, several local medical societies have established committees to assist the Department of Motor Vehicles in evaluating the medical ability of individuals to drive. The final decision about the driving privilege rests upon medical and other information and must be made by the Department of Motor Vehicles.

1. Waller, J. A.: Chronic medical conditions and traffic safety—Review of the California experience, *New Eng. J. Med.*, 273:1413-1420, 1965.

2. Waller, J. A.: Cardiovascular disease, aging, and traffic accidents, *J. Chron. Dis.*, 20:615, 620, 1967.

3. Waller, J. A., and Turkel, H. W.: Alcoholism among driver and pedestrian fatalities, *New Eng. J. Med.*, 275:532, 1966.

4. Waller, J. A.: Identification of problem drinking among drunken drivers, *JAMA*, 200:114-120, 1967.